



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 – FAX NUMBER: 360-486-3631
TOLL-FREE IN-STATE: 1-800-345-2529
TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

CHARITABLE / NONPROFIT ORGANIZATION – LOWER VOLUME ACTIVITIES

*** GENERAL INSTRUCTIONS ***

1. Please **Type** or **Print** With Dark Ink.
2. Answer **ALL** questions. Use **N/A** if not applicable. Have you missed anything? For assistance, contact the Licensing Section at (360) 486-3440 OR at our toll-free number 1-800-345-2529.
3. Mail or deliver the completed application and fee(s) to the above address. **PLEASE NOTE** we have the capability of receiving faxed items to expedite the receipt of application documentation.
4. Please read the enclosed pamphlet entitled "Gambling License Certification Program" and the condensed rules. **You will find them very helpful and informative.**
5. Be sure that you select the correct license type(s) and correct license class.
6. Make sure that the application is signed and dated by the appropriate individual(s).
7. **AVOID PROCESSING DELAYS.** Ensure that the application and any attachments are complete.
8. Attend mandatory training as required by [WAC 230-03-070](#).

TYPES OF ACTIVITY / LICENSE CLASS / FEES: (Mark ☒ **ALL** Applicable Activities)

Check the attached [Fee Schedule – Bona Fide Charitable / Nonprofit Organization \(GC5-055 FS\)](#) for annual gross receipt volume authorizations for the appropriate license classes and fees – if these classes do not fit your needs, you may wish to apply for the higher volume activities. If so, complete and submit the *High Volume* application (GC4-006).

If your plans include a joint raffle, contact the Gambling Commission for further details and instructions.

Raffles (02)

[See Section 6, Class A – D, of Fee Schedule](#)

☐ Class: Fee: \$

Bingo (01)

[See Section 2, Class A – C, of Fee Schedule](#)

☐ Class: Fee: \$

Punchboards / Pull Tabs (04)

[See Section 5, Class A – C, of Fee Schedule](#)

☐ Class: Fee: \$

Combination (08)

(Bingo, Raffles, Amusement Games and allows general Card Games where no fee is charged)

[See Section 7, Class A – C, of Fee Schedule](#)

☐ Class: Fee: \$

Amusement Games (03)

[See Section 1, Class A – D, of Fee Schedule](#)

☐ Class: Fee: \$
Any organization who owns their Amusement Game equipment or conducts carnivals must be Class "B" or above.

Fund-Raising Event Distributors (29)

[See Section 11, Class E – F, of Fee Schedule](#)

☐ Class: Fee: \$

Social Card Rooms (60)

[See Section 4, Class D, of Fee Schedule](#)

☐ Class: D Fee: \$

**TOTAL FEES
SUBMITTED**

\$

NOTE: All refunds of application/license fees will be issued to the applicant.

Business Office Use Only:

Code: 211- Date: / / Amt: \$.00 Val #:

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Code: 211- Date: / / Amt: \$.00 Val #:

1. APPLICANT:

a. Name: _____
Organization Name / Chapter

Mailing
Address: _____
Street / P.O. Box

City State Zip

County: _____

Organization's Business Telephone Gambling Premises Telephone

Organization's Fax

E-Mail Address: _____
@ _____

Department of Revenue Unified Business Identifier (UBI) Number: _____

b. Have you previously applied for or been licensed by the gambling commission? Yes ☐ No ☐

IF YES: When: _____

Type of License: _____

c. **BINGO ONLY** – County in which the organization's primary
business office is located: _____

If no business office, provide the county in which the
organization's president resides: _____

2. PREMISES / EQUIPMENT:

a. **Premises:** Does the organization own the premises where the activity will be conducted? Yes ☐ No ☐

Address: _____
Street Address

City State Zip

County: _____

Is the above address within the
boundaries of a town or city? Yes ☐ No ☐ Phone # _____

Does the jurisdiction in which you plan to operate allow the gambling activity you are applying for?

Yes ☐ No ☐

IF RENTED, provide the following:

Landlord: Last Name: _____

First Name: _____ MI: _____

Address: _____

City State Zip

☒ **SUBMIT A COPY OF THE LEASE AGREEMENT.**

b. Will your organization share the premises with another organization that conducts bingo? Yes ☐ No ☐

IF YES, on a separate sheet of paper list:

- (i) The name of all organizations sharing the facility;
- (ii) Names and signatures of the highest-ranking officer for each organization involved;
- (iii) Copies of any written agreements between organizations; and
- (iv) The method used to share expenses.

c. Equipment:

IF RENTED, provide the following:

City State Zip

NOTE: If you are applying for a Fund-Raising Event Distributor license – remember the limitations associated with each class of license.

a. President (or Equivalent):

@ _____

@ |

4. PROPOSED ACTIVITY MANAGER(S): (Continued)

c. Last Name: _____
First Name: _____ MI: _____
Gambling Activity: _____
Home Address: _____
Street

City State Zip
County: _____
Phone: _____-_____-_____-_____ Cell Phone: _____-_____-_____-_____
Social Security #: _____-_____-_____-_____ Birthdate: _____-_____-_____-_____
E-Mail Address: _____
@ _____

If any of the following apply, the activity manager will require a Nonprofit Gambling Manager license:

Class "D" or Above Bingo (Primary / Assistant Manager):

☐ Primary ☐ Assistant

Class "C" or Above Punch Board / Pull-Tabs (Primary Manager Only).

Paid Employee Responsible for Supervision of the Operation of Progressive Jackpot Pull-Tab Games.

Paid Employee Responsible for Supervision of Gambling Managers.

Paid Employee Assigned the Highest Level of Authority by the Officers or Governing Board if your Organization:

- Is licensed to receive more than \$300,000 in combined gross gambling receipts; or
- Has established a trust and / or endowment fund and has gambling receipts in excess of \$100,000 contributed to that fund.

5. QUALIFICATION / ANNUAL CERTIFICATION INFORMATION:

NOTE: Applicants Currently or Previously Licensed by the Gambling Commission need only complete those items which have changed since the last application. If No Change, write N/A in each space provided.

a. Historical - Initial Application and Changes Only:

(1). When was your organization formed or incorporated?

_____-_____-_____-_____
Month Day Year

(2) When does your accounting fiscal year end?

_____-_____-_____-_____
Month Day Year

(3) Mark ☒ the purpose(s) for which your organization was formed and operated. (Circle your primary purpose.)

☐ Agricultural ☐ Charitable ☐ Educational ☐ Patriotic ☐ Religious
☐ Athletic ☐ Civic ☐ Fraternal ☐ Political ☐ Social

b. Is your organization exempt from the payment of federal income taxes?

Yes ☐ No ☐

IF YES: What is your Internal Revenue Service (IRS) exemption code section? 501(c)(____) (Example: 501(c)3)
Please call us if you are confused about your particular IRS code.

c. Is your organization a branch, chapter, or auxiliary of another charitable or nonprofit organization?

Yes ☐ No ☐ **IF YES**, complete the following:

Name of Organization: _____

Relationship: _____

Are gambling funds being used (or plan to be used) to benefit the related organization? Yes ☐ No ☐

6. MEMBERSHIP INFORMATION: (Complete Even If Previously Licensed)

- a. How many regular membership meetings has your organization held during the last fiscal year? |__|_|_|_|_|
- b. How many active members are in your organization as of the date of this application? |__|_|_|_|_|
- c. Are all members allowed to vote in elections for officers and board members? Yes ☐ No ☐

IF NO: How many voting members? |__|_|_|_|_|

7. BINGO APPLICANTS ONLY – COMPLETE THE FOLLOWING SCHEDULE: (Times / Days of Bingo)

Monday: |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm to |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm

Tuesday: |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm to |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm

Wednesday: |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm to |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm

Thursday: |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm to |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm

Friday: |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm to |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm

Saturday: |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm to |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm

Sunday: |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm to |__|_|_|_|_|:|__|_|_|_|_| ☐ am / ☐ pm

8. INFORMATION REGARDING YOUR LAST FISCAL YEAR PERIOD:

Briefly describe how your organization has met the purpose(s) set out in Section 5.a.(3): (If more space is needed, use separate sheet of paper.)

9. Briefly Describe the Type(s) of Charitable and / or Nonprofit Services that are provided by your organization to the public and / or your members. (You may attach a separate sheet of paper for each of the below areas, but indicate so below.)

- **To the Public:**

- **To Your Members:**

10. Required Attachments – Attach and submit the following documents with your application: (*New applicants* must submit ALL documents listed below.) (*****Applicants previously licensed by the commission need not submit these items unless specifically requested to do so, or if there have been changes since your last renewal.**)

- IRS exempt status letter – enclose a copy of your IRS letter declaring that your organization is exempt from the payment of federal income taxes.
- A copy of your current bylaws and articles of incorporation.
- Written lease or rental agreement for use of the premises. (If you own the premises, please note.)
- Written lease or rental agreement for use of equipment. (If you own the equipment, please note.)
- Copy of minutes – two of the most current **and** one from as far back as available. (At least one year.)

Please review the entire application AGAIN. Have you forgotten to complete any questions or submit required documents? Incomplete applications and document omissions will cause a significant delay in processing your application.